

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022253

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55

FILED JUL 10 1962

Primary Registration District No. 3011

Registrar's No. 80

VS 300
Rev. 4/59

1 0171

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY **Carroll**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Carrollton**Length of stay in 1b
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Wetzel Hospital**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**b. COUNTY **Carroll**c. CITY
OR TOWN **Carrollton**Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
R.F.D.# 4Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JACK**CARTER**4. DATE
OF DEATH

Month

Day

Year

July 1 19625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3/5/19289. AGE (last birthday)
34IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farming10b. KIND OF BUSINESS OR INDUSTRY
Farm11. BIRTHPLACE (City and state or country)
Carroll County, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Emery Carter

13b. MOTHER'S MAIDEN NAME

Elizabeth Renner

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
yes About 1950

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Emery Carter Carrollton, Mo. R.418. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.**Aspirational pneumonia days**
Gunshot wound to lung days
AbdomenINTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Gunshot wound.20c. TIME OF
INJURYHour
p.m.Month, Day, Year
8-26-6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

5 P

m

on the date stated above, and to the best of my knowledge, from the causes stated.

m

on

him

alive on

7-1-62

and last saw

him

alive on

7-1-62

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
7/3/196223c. NAME OF CEMETERY OR CREMATORY
Willis Chapel Cem.23d. LOCATION (City, town, or county)
Carroll County

Mo

24. FUNERAL DIRECTOR

ADDRESS

Gibson Funeral Home, Carrollton, Mo.25. DATE RECD. BY LOCAL REG.
7-4-196226. REGISTRAR'S SIGNATURE
Will Moore Reg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

James F. Gibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.